POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Smi		1019/1
O.I.P.E. CLASSIFIER			1 4 1/1
FORMALITY REVIEW		1/00/	19/16/18
RESPONSE FORMALITY REVIEW		11090 -	11 14/00

## **INDEX OF CLAIMS**

~	Rejected	N	Non-elected
	Allowed	t	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

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Claim	Date	Claim	Date		Claim	Date
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(D)		52			102	
3111		53			103	
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		55	$\longrightarrow$		105	
		(56)	++++		106	
<u>       ا</u> رد		57	++++		107	<del>                                     </del>
		58 <del>  +</del>	<del>┞┈╅┈╏┈╏╸</del>		108	<del>                                     </del>
10	<del>                                     </del>	(39/	++++	<del>                                     </del>	109	<del>+- - - -</del>
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13	<del>┼╸┝╸╽╶╏╶┦╺╏</del> ╶┨	i ka	<del>                                     </del>	+-++	112	<del>┤                                    </del>
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16		66	<del></del>	<del>           </del>	116	<del>┦╏╸╽╶╏╸╏</del>
17	<del>                                     </del>	62			117	<del>╎┈╏╸</del> ╏╶╏╌╏
<b>13</b>		68			118	<del>                                     </del>
19		69		<del>                                     </del>	119	<del>┼╸┤╶┤╶┤╴┤╶┤╸</del>
20	<del>                                      </del>	70	-	<del>                                     </del>	120	<del>                                     </del>
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. 22		72		<del>                                      </del>	122	<del>╿╸╏╸╏┈╏╸╏</del> ┈┟—
28		73	<del></del>	<del>                                     </del>	123	<del>                                     </del>
28 24		74		<del>                                     </del>	124	
a5		75			125	<del>                                     </del>
25 27		76	<del>-                                      </del>		126	
27		77			127	<del>                                      </del>
28		78	_		128	
29		79			129	
30		80			130	
31		81			131	
32		82			132	
33 -		83			133	
34		84			134	
35		85			135	
36		86	+++		136	
<b>1</b>		87	++++		137	
38		88	++++		138	
39		89	+	╀┼┼┼┤	139	
40		90			140	
41		91		<del>                                     </del>	141	
42		92	_ _		142	
43		93		<del>                                     </del>	143	
44		94		<del>                                     </del>	144	
45		95			145	
46		96	<del>- - - - -</del>	$\vdash$	146	
47 48		97	<del>                                     </del>		147	
		98	+++-	$\vdash$	148	
49		99	+++	┝┼┼┼┤┆	149	
50 +		100			150	

If more than 150 claims or 10 actions staple additional sheet here